

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029767

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7817

STATE FILE NUMBER

FILED AUG 9 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Homer G. Phillips

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4059 Aldine

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

Hattie

Cannon

4. DATE OF DEATH

Month

Day

Year

7

28

63

5. SEX

Fem.

6. COLOR OR RACE

Negro

7. Married

Widowed ☒

8. DATE OF BIRTH

Feb 9, 1892

9. AGE (last birthday)

71

10. IF UNDER 1 YEAR

Months

Days

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Landress

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Columbus Miss.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Tom Thomas

13b. MOTHER'S MAIDEN NAME

Liza Williams

14. NAME OF HUSBAND OR WIFE

Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No No

16. SOCIAL SECURITY NO.

17. INFORMANT

Rosa Bell Davis 4059 Aldine

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Ischemia

INTERVAL BETWEEN ONSET AND DEATH
Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

General Arteriosclerosis

DUE TO (c)

450.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

7-12-63

7-28-63

and last saw her alive on 7-28-63

Death occurred at

11:05 A.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

7-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Aug. 2, 1963

23c. NAME OF CEMETERY OR CREMATORY

Washington Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

1221 N. Grand Blvd

25. DATE RECD. BY LOCAL REG.

JUL 31 1963

26. REGISTRAR'S SIGNATURE

Joan Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

X
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Olliver Crumhly

Licensed Embalmer No. 5785

P. O. Address 1221 N Grand Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.